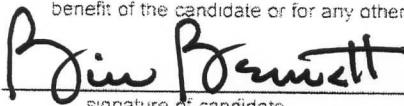
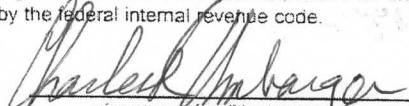
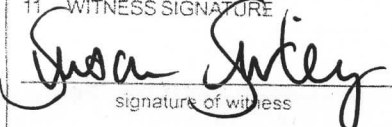
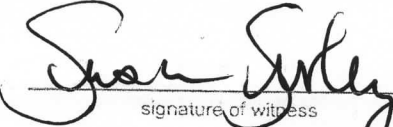


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT JULY 12, 2013	2.a. NAME OF CANDIDATE OR COMMITTEE BILL BENNETT FOR ASSESSOR
2.b. IF COMMITTEE, NAME OF CANDIDATE BILL BENNETT	3. ELECTION DATE AUG 2, 2012
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 5420 WOODBRIDGE DR COUTENAH TN 37369 (423) 238-5115	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone SAME	
5. OFFICE SOUGHT (include district number, if applicable) ASSESSOR OF PROPERTY	6. NAME OF POLITICAL TREASURER (may be candidate) CHARLES R UMBARGER
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD JAN 16, 2013	8.b. ENDING DATE OF REPORTING PERIOD JUNE 30, 2013
9. (Check one) a. <input checked="" type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.	
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  signature of candidate </div> <div style="text-align: center;"> 7-12-13 date </div> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> 7-12-13 date </div> </div>	
11. WITNESS SIGNATURE  signature of witness	7-12-13 date
11. WITNESS SIGNATURE  signature of witness	7-12-13 date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ 14,510¹³
b. TOTAL RECEIPTS THIS PERIOD	\$
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 2,040⁰⁰
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 12,470¹³
e. TOTAL LOANS OUTSTANDING	\$ - 0 -
f. TOTAL OBLIGATIONS OUTSTANDING	\$ - 0 -



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Bill BENNETT</i>				2. REPORT COVERING THE PERIOD FROM: <i>1-16-13</i> TO: <i>6-30-13</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>00 -</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Hamilton Co. Republican Party</i>				<i>Lincoln Day Dinner</i>		<i>\$1,200</i>
Address						
City		State		Zip Code		
First Name <i>Mark West</i>		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>CAT</i>				<i>Political</i>		<i>500 -</i>
Address						
City		State		Zip Code		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Central High School Athletic Assoc.</i>				<i>GOLF TOURNAMENT</i>		<i>340 -</i>
Address						
City		State		Zip Code		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address						
City		State		Zip Code		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address						
City		State		Zip Code		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address						
City		State		Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					<i>2040 -</i>	

